

School Year
Summer
Site
Start

## **Volunteer Application**

Please print
First NameLast Name
AddressEmail
Home Phone Cell Phone
Date of Birth Grade School
Personal Information (please circle):
Gender: Male Female
Physical Limitations: Yes No Medical Conditions: Yes No Allergies: Yes No
If Yes (Please Explain)
Education (what grade are you?)
Grades 6 - 7 - 8 - 9 - 10 - 11 - 12 / Year in College/ Graduate School / Vocational / Business Professional
Profession/work experience: Most recent employer (optional)
List previous volunteer experience:
List why you want to volunteer and tell us if you are comfortable or proficient helping in a particular subject/sport or the arts
Check your interests: Homework Help Read Aloud (K-2 grades) Arts & Crafts Sports Teaching a Specialty Other
Volunteer availability: (Circle all applicable)
I would be comfortable working with ( K - 2 grades ) ( 3 - 5 grades ) ( 6 - 8 grades )
Number of Days per week: 1 2 3 4 5 Hours: 3:10-530pm (afterschool ) 8:30-5:30pm (summer)
Monday Tuesday Wednesday Thursday Friday No Preference
Transportation: (How you will get to your assignment)
Public Trans. Walk Bus/Van Taxi/Car Svc Car
In an emergency, notify:
First NameLast Name
Address
Cell phone
Volunteers hereby agree to background check required by lighthouse.
(Signature/Volunteer) (Signature/Staff) (Date)

Email completed application to: <a href="mailto:tammy.papa@bridgeportct.gov">tammy.papa@bridgeportct.gov</a> (Director) or <a href="mailto:michele.dias@bridgeportct.gov">michele.dias@bridgeportct.gov</a> (Volunteer Coordinator) Call (203)576-7252 to schedule an interview.